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ON THE THERAPEUTIC ACTION OF THE SALTS OF CERIUM IN IRRITATIONS OF THE ALIMENTARY CANAL,* &c.

[From the forthcoming Work of Prof. Simpson, of Edinburgh.].

CHEMISTS are at present acquainted with forty-nine different metals. Preparations, in the form of oxides and salts, from seventeen of these metals, are to be found in our British Pharmacopœias. Most of the remaining thirty-two metals are of comparatively late discovery, and few, or almost none, have been tried medicinally. But, betimes, the oxides or salts of some, at least, of these newer metals will, in all probability, be found to possess therapeutic qualities as marked as the preparations, that have been so long used, of the older-known metallic bodies.

In attempting to make some observations on the therapeutic character of the untried metals, I have been especially gratified by the results which I have found to be produced by the medicinal use of the salts of cerium.

This metal, cerium, or cererium, was first discovered in 1803, and almost simultaneously by Hisinger and Berzelius, and by Klaproth. It has been found by these and other chemists to exist in a variety of minerals, as the Edwardsite, Cerite, Euxenite, Gadolinite, &c. The Greenland Allanite is said to contain thirty-four per cent of cerium.

It is usually found in nature combined with two other metals, lanthanum, or lantanium, and didymium. In the complex process of separating the cerium from those two other metallic bodies, oxalic acid, or rather oxalate of ammonia, is employed in the last stage; and in the markets cerium is thus most readily procured in the form of an oxalate of the protoxide. In using cerium medicinally, I have generally employed the oxalate in the form of small pills, and in the dose of one to two grains, or a solution of the nitrate in water, and in the same proportionate doses.

The principal therapeutic action of the salts of cerium appears to me to be that of a useful sedative and tonic, or, if we may use

* A short notice of the medicinal action of cerium, tellurium, &c., was read before the Medico-Chirurgical Society of Edinburgh, by Dr. Simpson. Nov. 15, 1854. See Edinburgh Monthly Journal, December, 1854, p. 564. (Editors of Dr. Simpson's works.)

such an expression, "sedative-tonic"—like the pharmaceutical oxide and salts of silver and bismuth. I have employed it pretty extensively in the treatment of the class of cases described in the preceding paper, chronic intestinal eruptions, and occasionally with the most marked good effect in them, in instances that had resisted all other forms of treatment. It is often useful also in common cases of irritable dyspepsia, gastrodynia, &c. In my own practice, and in that of others, I have seen the above preparations of cerium succeed in at once allaying irritable and obstinate vomiting after all other means had failed. Sometimes I have observed it fail, like all other remedies, in giving relief in the sickness and vomiting of pregnancy; but far more frequently I have found its employment accompanied by direct beneficial effects; and I have now repeatedly had occasion to see it both immediately and perfectly successful in some cases where the usual succession of medicines —prussic acid, naphtha, opium, bismuth, ice, &c., had all been previously and perseveringly tried in vain.—(April, 1855.)

PUERPERAL FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE been much interested of late by communications made to the Journal on puerperal fever, and will give you a few more facts on the same disease as I have seen it in the town of Pomfret, a healthy, hilly, agricultural district in Eastern Connecticut.

Between 1820 and 1840, this disease was much more frequent than it has been for the last ten or twelve years; and with one exception only in thirty-five years it has always been confined to single cases, without any disposition to spread or extend, either by contagion or as an epidemic. But in the last week of December, 1842, it attacked four women in the following order:—

1st. Mrs. Adams, confined December 23d, died December 27th.
2d. Mrs. Aldrich, " " 27th, recovered.
3d. Mrs. Hubbard, " " 29th, died January 2d.
4th. Mrs Howland, " " 30th, died January 12th.

They were all wives of farmers residing in different parts of the town, and previous to confinement were all in good health. They were all from 30 to 40 years old, and all had borne children previously. Their labors were perfectly natural, and they remained comfortable from 24 to 36 hours after delivery, and then were seized with that *horrid chill* which usually is the first indication of what may be expected to follow.

As respects the question of contagion, or whether the disease was conveyed from one patient to another, I must leave the reader to draw his own conclusions. Suffice it to say, I avoided obstetrical practice for a few weeks, and when it was resumed had no more of the disease.

The nurse of Mrs. Adams (where the fever commenced) was attacked in a day or two after her death with erysipelas of the head and face, so severely as to be disfigured considerably, yet finally recovered. In the other families nothing of the kind took place.

HIRAM HOLT, M.D.

Pomfret, Conn., June 8th, 1855.

ON THE OPHTHALMOSCOPE.

[Communicated for the Boston Medical and Surgical Journal.]

DR. J. H. DIX, of Boston, presented to the Suffolk District Medical Society, at its last meeting, the ophthalmoscope of Helmholtz, as improved by Coccius, and explained the method of using it for the exploration of the textures of the globe of the eye posterior to the iris. He spoke of it as an instrument destined perhaps hereafter to throw some light upon the pathology of these textures. He considers it to be an instrument capable of great harm when injudiciously used. Pain may be induced in an eye, the vision of which is wholly extinct, by exposure to it for four or five minutes, a longer period than which should never be occupied in one examination. The greatest, and probably the only practical advantage at present attainable by the instrument, is the sparing of the patient a useless and harassing treatment in some cases of amaurosis of which the ophthalmoscope may demonstrate the cause to be irremediable organic change of texture of the retina. In reply to a question by Dr. Durkee, Dr. Dix said that for a full examination of the internal texture of the eye it is necessary to dilate the pupil previously, those cases only excepted in which the crystalline is wanting.

ON THE INDICATIONS OF TRACHEOTOMY DERIVED FROM THE PRESENCE OF FOREIGN BODIES IN THE AIR-TUBES.

BY M. CHASSAIGNAC.

TRACHEOTOMY is indicated whenever there is imminent danger of suffocation, produced by a material obstacle to the passage of air through the trachea.

Two classes of causes may give rise to this result: on the one hand, foreign bodies; on the other, a numerous series of affections which necessitate the establishment of an artificial channel for the introduction of air into the lungs.

First of all, I shall say a word as to the suitable moment for the performance of the operation. First, in cases in which there is absolute certainty of the existence of a foreign body in the trachea, the rule is to operate instantly, if the other means we possess of producing the expulsion of such a body have proved inefficient;

taking care not to leave the patient should there be unavoidable delay in commencing the operation. Secondly, in every other case than that of the presence of a foreign body, it is the degree of asphyxia of the individual which must direct us as to the rapidity with which we should act.

Why this urgency for operation in the case of foreign bodies? Experience has shown that every individual who has a foreign body in the trachea is exposed to the danger of immediate suffocation, even when there may at the present moment exist no serious symptom, no very manifest impediment to respiration. But this individual—who just now appears so calm, whom you should be tempted to leave to himself until some new occurrence should arise to force you, as it were, to action—this individual may, all on a sudden, in a fit of coughing, and by a simple displacement of the foreign body, be attacked with an imminent asphyxia before you should have time to reach him. I am aware that an indefinite temporization has been advocated. This system owes its adoption to a very learned work of M. Mondière of London, who has collected a certain number of cases of individuals having foreign bodies in their air-passages, and who, not having been operated on, have notwithstanding survived and completely recovered, after having for a greater or less number of years retained the bodies in question. But, in the first place, these facts have reference to the, in some degree, chronic side of the question. They by no means prove that what I affirm does not exist; that is to say, the imminent danger of fatal suffocation. In the investigation of facts analogous to those mentioned by M. Mondière, the cases of death have been passed over, and they are numerous, which occur in the first periods after the introduction of foreign bodies into the air-passages. Thus, an argumentation based upon facts of this nature can lead to no conclusion with respect to what we may call the acute state.

Now I say, that even with regard to their chronicity, the facts quoted by M. Mondière do not establish the expediency of surgical non-interference; and it is sufficient to read with some attention the otherwise very curious observations he brings forward, to see that it is only through numberless accidents, which have long placed their lives in peril, that the sufferers have succeeded in reaching a spontaneous cure. Thus my assertion continues absolute on this point: from the moment a foreign body is in the trachea and a surgeon is summoned, he ought forthwith, by some means or other, to effect its removal; or if he is unwilling to resort immediately to tracheotomy, he ought to remain uninterruptedly with the patient, as he would otherwise leave him in danger of death.

It is not my intention to specify in this place the numerous varieties of foreign bodies which may penetrate into the air-passages. This enumeration, which we have in all standard works, would here be superfluous. I shall merely mention, among the divisions which might be established, that which seems capable of

giving rise to practical indications; I mean the division of foreign bodies into soluble and fixed. It is evident, in fact, that when a rapidly soluble foreign body has got into the air-tube, the surgeon may abstain from performing tracheotomy; on condition, however, that he does not leave his patient, and that he be prepared to act in case the solution of the body being delayed, suffocation should become imminent and seriously endanger life.

I shall, however, remark, that where the foreign body, consisting of a substance analogous to a pin or nail, should be perceptible through the trachea and integuments, we might dispense with tracheotomy, cut down directly on the body in question, and extract it by seizing it by one of its extremities.

In this question of foreign bodies, three points alone interest the practitioner:—Is there a foreign body in the air-passages? Ought it to be extracted? By what kind of operation ought it to be extracted?

It is often very difficult to attain to absolute certainty as to the existence of a foreign body in the air-passages. The history of the case, which is capable of furnishing valuable information on this subject, cannot always be obtained; and on the other hand, the causes of symptoms analogous to those which the presence of a foreign body in the air-passages may produce, especially in children, are sufficiently common to give rise to serious doubts. It will, therefore, be useful to recapitulate the circumstances calculated to elucidate this part of the diagnosis. These are, first, convulsive and jerking fits of coughing; secondly, a fixed pain, which the patient refers to the part of the air-passages in which the foreign body is situated; thirdly, the tremor (*grelottement*) perceptible to the ear and to the hand, a sign on which Dupuytren has laid much stress; fourthly, the existence of a deep, dull, and general pain; fifthly, impeded respiration in one side of the chest; sixthly, in fine, diminution, or even complete cessation, of vesicular murmur in the same side, coincidently with persistence of normal resonance on percussion.

From the combination of these signs we may ascertain, if not always, at least in a certain number of cases, not only that a foreign body is present in the air-passages, but we may also determine its exact situation.

Ought the foreign body to be extracted? I have already sufficiently dwelt on the consideration of this question.

By what kind of operation will it be advisable to extract the foreign body? The opinion I hold on this point differs so much from what has hitherto been taught, that I shall be obliged to enter into some details.

I begin by laying down that in all cases, and whatever may be the present situation of the foreign body, tracheotomy must immediately be had recourse to. On this point there could not be the shadow of a doubt in those cases in which the foreign body exists in the trachea or bronchial tubes. For the idea of withdrawing

through an opening in the larynx, bodies so situated, can have occurred only to surgeons who have never sufficiently reflected on the anatomical construction of the parts, or on the difficulties of the operative manipulation. But if, as we have had instances, the foreign body should be fixed in the larynx, whether above or below the glottis, or even in the ventricles, would not one or other species of laryngotomy be fairly indicated ? Such is not my opinion ; and I think that it is even then to tracheotomy that we must have recourse. In the first place we must bear in mind that during an operation such as consists in extracting a foreign body contained in the larynx, numerous causes of suffocation may arise : the flow of blood, or even the falling into the trachea of the body we wish to withdraw from the larynx.

I say, then, that we must above all provide for the security of the respiration ; and this can be done only by having a tracheal opening, admitting, if necessary, of the introduction of a canula, that the surgeon may give all his attention to the delicate operation he has to perform on the larynx. On the other hand, we should observe that through the opening formed in tracheotomy we may completely remove from below upwards certain foreign bodies arrested in the larynx, or repel them into the pharynx or the cavity of the mouth.

Thus I say, that we must in all cases adopt trachetomy : first, because if the foreign body occupies the trachea or bronchi, it is the only operation that can be entertained ; secondly, because in the case of foreign bodies in the larynx, it is better adapted than laryngotomy to attain our object ; thirdly, in fine, because in cases in which the absolute necessity of acting directly on the larynx may have been recognized, the tracheal opening plays the part of a safety-valve, calculated to protect the life of the patient during the course of a delicate and difficult operation, the execution of which is facilitated by preliminary tracheotomy.

Foreign bodies retained in the pharynx, and especially in the œsophagus, may become a cause of asphyxia so imminent, that if it should be impossible to extract them instantly we must have recourse to tracheotomy to fulfil the most urgent indication. In this we follow the example of Habicot, who opened the air-passages in a young man threatened with suffocation in consequence of having swallowed some pieces of gold enclosed in a linen cloth.—*Moniteur des Hôpitaux*, in *Dublin Quarterly Jour. of Med. Science.*

ON THE CHLORIDE OF ZINC AS A CAUSTIC IN CHANCRE.

BY JAMES H. CONWAY, M.D., RICHMOND, LA.

For several years I have been in the habit of using the chloride of zinc as a caustic to chancres, to the exclusion of all other agents of the kind ; and although I do not claim originality in the use of a remedy so well known to the profession, yet its application was

first suggested in the fall of 1852 by a case of most obstinate chancre, in which it proved so efficient a remedy that I determined to try its effects in cases which would probably yield to the caustic usually employed and highly extolled by Ricord—namely, the nitrate of silver.

In the case alluded to, the chancre was situated immediately behind and below the glans penis, nearly perforating the frænum, and so deep as to cause the apprehension that the urethra would be finally opened, and hypospadias established. After trying a variety of caustics, I finally determined to resort to the chloride of zinc, which was applied but once, and in a few days followed by complete cicatrization of the ulcer. Since then I do not think that I have used any other agent, except in two instances. In the first I employed the nitrate of silver and afterwards the chloride of zinc, for the purpose of ascertaining the relative amount of pain produced by either, and the patient declared that the latter was the less painful. Certain it is, that the aggregate amount of pain is less from the chloride of zinc, as it is rarely necessary to apply it oftener than once, whereas the lunar caustic, however freely you may use it, generally requires repetition.

In the other case, which I have now under treatment, I have not been so successful with the chloride of zinc; though the ulcer, which is situated upon the external portion of the prepuce, is non-indurated, irritable, bleeds upon the slightest touch, and indeed does not present all of the characteristics of chancre. In consequence of its position, whenever an erection occurs, the surface is stretched and torn, so much so, that afterwards the dressings are covered with blood. The indications in this case were certainly not for caustics or stimulant applications of any kind, but for a soothing plan of treatment, under which he is now improving. But he had had a suspicious connection, and although subject to herpes præputialis, this ulcer had persisted so long, nearly three weeks, as to induce him to apply for medical aid. And after hearing the history of his case, and though doubtful of my diagnosis, I thought it best to attempt at once the destruction of the ulcer, which might prove to be syphilitic, and accordingly applied, with that view, the chloride of zinc. Having treated, probably, thirty chancres with this remedy, I can truly assert, that this is the only case in which I have used it, that it has not been followed, after applying it once, and rarely oftener, by the most happy results. In this instance, however, I do not attribute the want of success to the remedy, but to the fact that it was contra-indicated.

The manner in which I apply it, is by making a saturated solution, or, as it is exceedingly deliquescent, by exposing a small quantity to the air; it becomes dissolved, and then by means of pieces of paper twisted to a point and filled with the solution, the chancre being wiped dry, it is applied, and again wiped to prevent its spreading. The application is repeated, until a white eschar is formed, and then dressed with dry lint. If, however, it has been

too freely used, I mop or swab the part with water, which readily dissolves the superfluous quantity applied.

I should scarcely think my experience in the use of this agent worthy of record, were I not fully convinced of its utility. Believing the first indication in the treatment of syphilis to be the destruction of the chancre, the source of the poison to the general system, I do most cordially recommend it as the best preventive of constitutional syphilis, even in many respects superior to the knife. —*Virginia Medical and Surgical Journal.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

March 12th.—*Fatty Degeneration of the Gastrocnemii Muscles.*—Reported by Dr. Jackson and the specimen exhibited. The change could hardly have been more complete; and was the result of an extensive ulcer of the leg consequent upon an injury about six years ago. The limb was amputated by Dr. Martin, of Worcester, and was sent to Dr. J. by Dr. J. E. Hathaway, of the same city.

March 26th.—*Unusual Disease of the Stomach.* Dr. J. B. S. Jackson. The general appearance was that of a malignant affection, and yet it was quite different from common scirrhus or encephaloid; moreover, cancer cells were not shown by the microscope. The organ was contracted, thick, and fleshy to the feel externally; and the disease extended to every part of it, but not beyond the orifices. The muscular coat was very much thickened, but had scarcely the density of scirrhus. The sub-mucous cellular membrane was about equally thickened, but not uniformly so; and the result was that the inner surface of the organ was more or less thrown into prominences or knobs, the disease at these parts being most advanced. The mucous membrane was generally dark, and at the elevated portions was decidedly red; it was also at these portions blended with the cellular tissue beneath, as the skin is with the subjacent parts above an old ulcer externally. In the large curvature, and midway, was an ulcer about an inch in diameter, with defined, thick and firm edges, and penetrating through the whole thickness of the organ; externally a part of the omentum adhered firmly, so as to just close the opening, but without being thickened; and, perforation through it having taken place, there was found on dissection an extensive peritonitis. The other organs were healthy.

The patient, whom Dr. J. had known for some years, was always a miserable-looking little old man; æt. 55. Entered the Hospital Feb. 27th; very feeble and greatly emaciated. For six months he had had pain and oppression of the stomach, vomiting of food and sometimes of blood or coffee-grounds matter; appetite good; very costive for three months, but not before; a tumor at the epigastrium for the last six weeks. After his admission, and until his death, which occurred on the 20th of March, the local symptoms were never urgent; and there was at no time any tenderness over the abdomen, nor any other indication of peritonitis. The tumor was 2½ or 3 inches in diameter, just below the cartilages, entirely to the left of the median line, quite dense and superficial to the feel, and with a perfectly-defined edge inferiorly; it felt like the left lobe of the liver, and there was

always a question whether that was not the seat of the disease. The tumor, however, was felt once to rise under the hand, when it was being examined, as from a peristaltic action; and this would be an important indication in such cases, as tending to show that the stomach was the organ affected.

March 26th.—*Abscesses about the Rectum, with Ulceration of the Large Intestine.*—Dr. J. B. S. Jackson reported the case. The patient, a female, æt. 44, entered the Hospital, March 6th. Had had dysentery for six months; from four to twelve dejections daily, with pain and tenesmus. Gave up work six weeks before admission, and had kept her bed four weeks. Much reduced, and sank gradually until the 18th, when she died.

The abscesses were between the rectum and sacrum, extending three inches or more, upward from the lower extremity, and were altogether in a chronic, fistulous state; opening freely into the intestine, but not externally. The ulceration began in the arch of the colon, and increased towards the rectum, where it became continuous. The other organs were healthy.

Granular Kidneys, with Simple Hypertrophy of the Heart.—Dr. Ellis showed the specimens, and related the case.

The patient was a young man, 25 years of age—a manufacturing dentist. A year before his death, he had a convulsive attack, for which no cause could be assigned. He was then seen by Dr. Davenport. His general health was at that time pretty good, but it soon began to fail. The epileptic paroxysms became more and more frequent, he lost strength and color, and was occasionally troubled with dyspepsia and constipation. Three weeks before death, his urine was examined and found to be highly albuminous. When 10 years of age had "dropsy," but none since. Five weeks before death he was attacked with pneumonia, from which he recovered. The pulse was generally rather feeble, and at times unusually slow, perhaps 40. He finally died in a convulsion on March 19th.

Autopsy, 19 hours after death. Present Drs. Davenport, C. D. Homans and J. P. Reynolds.

Brain.—In the cortical substance, about an inch below the upper surface of right hemisphere, was a small purulent deposit; no softening nor other change of cerebral substance around it. Quantity of serum in lateral ventricles greater than usual.

Pleuræ.—Pleural surfaces on both sides adherent by means of old, delicate false membranes.

Lungs not remarkable. Right, perhaps, more congested posteriorly than left. A thin, irregular layer of lymph upon pericardium. Heart decidedly larger than usual, the hypertrophy being most marked in the walls of left ventricle. No valvular lesion.

Liver.—In the right lobe of liver, seen through the capsule, was a purulent deposit as large as a pea. No phlebitis was anywhere noticed, but the veins were not examined with reference to this point. Organ otherwise not remarkable.

Spleen normal.

Stomach natural, as were also the intestines externally, but the latter were not opened.

Kidneys very small; imbedded in fat. Surfaces, after the removal of the capsule, presented a decidedly granular appearance, the elevations being of a dull, opaque white color. Between these granulations were red vascular points. These white portions appeared firmer than the substance of the healthy kidney, and under the microscope their structure was more

fibrous than usual. No fat. The tubuli seen were filled with a granular matter, which replaced or obscured the epithelium.

Dr. BETHUNE, in connection with the above case, referred to a late article by Dr. George Johnson (*British and Foreign Medico-Chirurgical Review, January*, 1855), in which two kinds of alteration are described as illustrating Bright's kidney; viz., the "large white," and the "granular atrophied" kidney. In the latter form there is more urine, and dropsy is less frequent.

Dr. J. B. S. JACKSON asked Dr. Ellis how often he had observed the form of degeneration termed "large white kidney"? He (Dr. J.) had only seen it once. We often find renal disease post-mortem without the least suspicion of its existence during life. In one instance where a man was accidentally killed, much disease of a granular degenerative nature was discovered after death; none had been indicated, or even thought of, during life. Dr. J. also mentioned that in many instances where the kidneys exhibited abundant fatty transformation, he had found that a thin section (tested as fatty liver is, occasionally, by laying a delicate slice upon white paper and applying heat) would yield no sign of grease. The microscope, however, showed fat very distinctly.

Dr. Ellis replied to Dr. J.'s question as to the frequency of the "large white kidney," that he had very rarely seen examples. Fat had been found by him in the kidneys of a diabetic patient, while those glands, in another who had Bright's disease, showed no trace of fatty degeneration.

MARCH 26th.—*Scirrhous Breast.* Dr. SHAW exhibited a diseased mammary gland, removed by Dr. James Deane, of Greenfield. The disease invaded every portion of the gland, and consisted of a dense, whitish, scirrhous mass, interspersed with grayish, granular matter. No normal glandular structure. Typical cancer elements seen under the microscope. The surface was studded with hard nodules of the size of a buck-shot, which proved to be scirrhus. The nipple had disappeared, but in place of it was an opening from which exuded a milky juice, presenting similar cancer elements to those found in the interior.

Dr. Shaw remarked that this milky fluid might have been examined before the operation, had there been any doubt as to the diagnosis.

Spontaneous Laceration of the Aorta.—Reported by Dr. ELLIS. The patient was a physician, 59 years of age, whose general health had always been good. On the 20th of March, towards evening, while visiting a patient, it was noticed by the latter that he suddenly became pale. On being asked if he felt ill, he replied, with his hand upon the left breast, "I feel disagreeably here." He then rose, removed his overcoat, threw himself upon a bed in the apartment, requested them to send for a physician, and immediately became insensible. Dr. Hayes reached the house in about three minutes, and found him lying upon his side, perfectly unconscious, with a pallid countenance, labored respiration, stertorous breathing, and some frothing at the mouth, from which the livid tongue protruded. The skin was cold, the pulse hardly perceptible. For a moment he ceased to breathe, and life was thought to be extinct, but after a slight convulsive struggle respiration returned. About ℥v. or ℥vj. of very dark blood were then taken from the arm, and an emetic and enema were administered, both of which operated. He continued insensible for a number of hours, during which time there was considerable jactitation. He spoke, however, during the night, and from that time gradually improved, so that in two or three days he was able to converse with those around him. The pulse, notwith-

standing, never rose above 40, and was felt less distinctly in the left arm than in the right, being at one time, soon after the attack, imperceptible in the former, while felt in the latter. The right arm was nearly or quite paralyzed at first, but he partially recovered the use of it in two or three days, and finally was able to place it upon his head. There was never any dyspnœa, he slept well, had no pain, and from the first to the last stated that he felt perfectly easy. The heart was not auscultated, and it was only after being questioned, on the day before his death, that he spoke of some internal "uneasiness" in the chest. On the 25th, five days after the attack, while lying upon his side in bed, a person in the room told him he was looking quite well. He replied, "I improve very slowly." A slight struggle was then noticed, and he died immediately.

Two days before the sudden seizure mentioned, in attempting to sit down, he missed the chair, and fell heavily upon the floor. Though the shock was pretty severe, the accident attracted no great attention, as he was able to attend to his business as usual.

His father and a younger brother died of apoplexy. Another brother, aged 64, and a sister aged 60, also died suddenly with well-marked cardiac symptoms.

The above particulars were mostly obtained from Drs. Thompson and Hayes, who, with Drs. Whiting, Mason, and several other physicians of Charlestown, were present at the autopsy, which was made 20 hours after death.

Autopsy.—Some bluish discoloration of face. Cadaveric rigidity well marked. Body large and robust. Vessels of scalp and cerebral membranes well filled with blood. Brain normal. A slight puckering of surface at apex of left lung, and in the substance beneath were a few bluish-white miliary granulations. Lungs in other respects normal. Pericardium covered with a thick layer of fat; distended by about ℥vj. of serum, and a large, black, gelatinous coagulum, from half an inch to an inch in thickness, surrounding the heart and great vessels, and of such consistence that it was removed almost entire, still retaining the impression of the parts with which it had been in contact.

The external surface of heart was covered with a layer of fat two or three lines in thickness. Organ quite flaccid, and lining membrane of right cavities stained by blood, which had probably escaped after the removal of the brain, an unusually large quantity flowing from the vessels at the base of the skull. A few small atheromatous spots on and near the mitral valve, not sufficient to interfere with its action. Externally, the ascending aorta, for some distance above the heart, was of a blackish color. At the point where it is covered by the appendix of the right auricle was an opening, perhaps a line in diameter, through which the blood had evidently escaped into the pericardium. Instead of the arteria innominata, two large branches arose from the aorta. On opening the vessel there was found in the posterior wall, just below the brachio-cephalic trunks, a longitudinal angular laceration of the inner and middle coats, two inches in length, with rough serrated edges. Through this large opening the blood had forced its way, between the external and middle coats, downward as far as the iliac arteries, upward into the brachio-cephalic vessels, on the right side, and in the direction of the heart, near which, as has been seen, it burst into the pericardium. It also infiltrated the cellular tissue outside of the descending aorta to a point six inches below the laceration, the discoloration of this tissue immediately in contact with the vessel being noticed before the re-

moval of the latter. The internal surface of the ascending portion of aorta was sufficiently healthy. In the arch were two or three small atheromatous spots, but not immediately in the line of the rupture; below, the morbid deposit was more abundant and the patches larger. In no place, however, was the disease as marked as in many cases where no accident has taken place.

Much fat about the abdominal organs and in parietes. Spleen of large size and rather soft. Liver congested. Kidneys large and lobulated. Cortical substance much thicker than usual. Stomach somewhat more vascular than in the majority of cases, but otherwise not remarkable. Intestines not opened, but externally normal.

Judging from the symptoms in the case, and the post-mortem appearances, it seems probable that the rupture in the arch took place when he was first attacked, and that the opening into the pericardium immediately preceded his death.

Dr. J. B. S. Jackson referred to six cases of spontaneous laceration of the aorta which he had seen, and has since given some further particulars in regard to them.

The subjects were all males; and their ages were 19, 33, 41, 56, 56 and 60. In one the death was probably instantaneous; in three, the patients lived respectively 5, 9 and 19 hours after the laceration; and in the two others life must have been prolonged for some months, judging from the anatomical appearances and from the symptoms. The duration in these two last was quite undetermined; as, besides being evidently a chronic affection, it was complicated, in both, with grave disease of the heart. The laceration in four cases was just above the valves; in one, about half way to the arch, and in one, it was two inches beyond the left subclavian artery. In the latter, which was one of the chronic cases, death occurred almost instantaneously from a rupture of the aortic sac into the pleural cavity. Further, in this last, there was, of course, no opening into the cavity of the pericardium; nor was there in the other chronic case; and neither was there in two of the other cases which were recent. The laceration in every case was transverse, or nearly so; extending, in one, in a somewhat spiral direction, and considerably more than around the entire circumference of the aorta.—In two, the coats of the artery were dissected up, the outer from the inner, as far as the arch, and there the inner coat was again broken through, so that the two canals were re-united; a fact that does not seem to have been generally, if at all, noticed in reported cases. In the case of the lad, the laceration extended at least as far as the arch; but there the artery was cut off. In the case in which it took place just beyond the arch, it extended downward six inches: and in the two last, it extended in one as far as the iliacs, and there the two canals were re-united; in the other the fact, unfortunately, is not stated in the record of the case, but it may be very positively stated, from memory, that the stripping up of the outer coats extended nearly or quite to the iliacs.—A remarkable fact in these cases was the slight amount of disease of the aorta that existed; the parietes being generally quite healthy where the laceration occurred. In the lad, it so happened that the parietes were slightly diseased.

Dr. J. alluded to a drawing of a "double aorta" that he saw hanging in the Museum at the School of Medicine in Paris, three years ago; and that, he thought, was without doubt one of these cases of laceration.

Bibliographical Notices.

De l'Inflammation du Tissu qui environne la Matrice, ou du Phlegmon Péri-Utérin, et de son Traitement. Par T. GALLARD. (*Thèse pour le Doctorat en Médecine.*) Paris, 1855. 4to. Pp. 44.—(*On Inflammation of the Cellular Tissue surrounding the Womb, or Peri-uterine Phlegmon. Thesis for the degree of Doctor of Medicine.* By. T. GALLARD.)

Dr. Gallard's name is already familiar to our readers as the reporter of some valuable lectures by Valleix, on Displacements of the Uterus, which first appeared in the *Union Médicale*, and which were translated for this Journal by Dr. L. Parks, Jr., of Boston. The disease which forms the subject of the present essay has hitherto escaped the methodical investigation, or at least, description, of most authors on the diseases of women. Following Dr. J. H. Bennet, of London, the author divides the subject into inflammations complicating the puerperal state, and those unconnected with parturition, confining himself to the consideration of the latter. The affection occurs chiefly during the menstrual period of life. Parturition and abortion appear to be remote predisposing causes, as well as unusual accidents occurring at those times, such as the use of instruments, exposure to cold and fatigue soon after delivery, &c. Women who have never become pregnant, may, however, be attacked by the disease. The immediate causes are obscure, but appear to consist in part of sexual intercourse, or other excitement, during menstruation, especially where there is menorrhagia. The use or abuse of the uterine sound is thought by M. Valleix to be an occasional exciting cause. The seat of the disease may be anterior or posterior to the uterus, most commonly the latter, and occasionally on one side only. The general symptoms are disturbance of the functions of digestion, circulation and menstruation, with uneasiness and pain in the pelvic region. There is much prostration; the pulse is rapid; the skin warm; the face pale and anxious. The occurrence of sweats indicates the establishment of suppuration. The decubitus is generally dorsal, sometimes inclined to one side; the limbs are semi-flexed. The appetite is diminished, or gone; thirst increased; bowels costive. The catamenia are sometimes suddenly suppressed, but generally increased, sometimes to a great amount. Leucorrhœa is constant. There is much pain in the pelvis, which sometimes assumes an expulsive character, and in fact uterine contractions take place, as the organ expels the coagula which form within it. These pains are increased by pressure, by defecation, micturition, and especially by walking. A digital examination shows the interior of the vagina to be of increased temperature. In the vicinity of the cervix uteri, generally behind it, is felt a tumor which is usually round, smooth, pulsating and tender. When it occupies its usual position, this tumor may be felt *per anum*. By the employment of the sound, the disease is found to be unconnected with the uterus. The disease may terminate by resolution or by suppuration. The latter event is rare, except in the puerperal state. The prognosis is generally favorable, except when suppuration takes place. The treatment is antiphlogistic in the beginning, though the author recommends caution in the employment of blood-letting. Purgatives are a valuable means of arresting the disease. Lotions, baths, opiate injections into the vagina and rectum, and blisters dressed with the salts of morphia, are useful adjuvants. In case of suppuration, an opening should be made early in order to prevent

the pus from discharging itself into the cavity of the peritoneum. If possible, the puncture should be made from the vagina.

From this imperfect analysis of the work of M. Gallard, we think our readers will agree with us that it is a valuable monograph on a disease hitherto imperfectly known.

Pustule Maligne, an Inaugural Essay for the Degree of Doctor of Medicine. By Daniel Wadsworth Wainwright, of New York City. New York, 1855. Pp. 32.

This is a tolerable essay for a thesis, but the author would have been much wiser if he had not printed it.

Transactions of the Medical Association of the State of Alabama, at its Eighth Annual Session. Mobile, 1855. Pp. 148.

The appearance of this well-printed pamphlet is highly creditable to the medical profession of Alabama. It contains the proceedings of the meeting, the addresses of the President (Dr. L. H. Anderson), Dr. W. Taylor and Dr. M. Troy, nine reports, and four other papers on medical subjects, some of which are of an elaborate nature. We have not been able to give the work an attentive perusal, but from such portions as we have read, we believe these Transactions to be a valuable contribution to our national medical literature.

Address before the Vermont Medical College, introductory to the Lectures of 1855. By Wm. Henry Thayer, M.D., Professor of the Principles and Practice of Medicine. Published by the Class. Woodstock, Vt., 1855.

This address is replete with wise council to the young aspirant in medicine, pointing out the best method of laying a sure foundation for professional wisdom and usefulness. Professor Thayer lays more stress than is commonly done on the advantages to be derived from preparatory studies, especially logic, natural philosophy and the philosophy of the human mind, as the means of strengthening and improving the reasoning faculties.

"The reasoning faculties need a more particular education than they would receive incidentally in the studies of mathematics and natural philosophy. The exercise of a system of logic may very profitably enter into the course preparatory to the student's entrance upon the science of medicine. Its applicability to the consideration of great questions of universal interest, such as the nature and operation of epidemics; the question of contagion, in its relation to communities and individuals, with the influence and necessity of quarantine regulations and sanitary cordons;—these, and many other subjects, call for the aid of well-educated logical powers. Their need is felt as well by every physician who attempts to draw an inference from his collected observations of disease; and there is more than one eminent example of men, who, with the best faculty for observation, and the most untiring perseverence in accumulating statistical facts, are unable to make those facts of any use to science, for the want of a logical power or a logical habit of deduction."

The author also enlarges on the importance of careful observation in medicine, and of accurate diagnosis. We heartily commend the address to the young practitioner, as well as the student, confident that it will amply repay the perusal.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 28, 1855.

BOSTON LYING-IN HOSPITAL.

The new building of this Charitable Corporation being finished and recently opened for the reception of patients, we are enabled, through the courtesy of Dr. J. Mason Warren and William H. Foster, Esq., of the Board of Trustees, to lay before our readers a description of it, the result of our personal inspection. For many years the hospital has occupied a wooden building in Washington street, of very limited and inconvenient accommodations. By the exertions of the Trustees, a sum of money was raised sufficient to erect the present edifice, which we believe to be unsurpassed for stability of structure, perfection of ventilation and warming, and beauty and convenience of design.

The building is situated on a lot of land 200 feet square, between Springfield and Worcester streets, having a frontage on each. It is a parallelogram in outline of ground plan, designed with two stories resting on a "stylobate" containing a third, or basement story at a level with the ground line, beneath which is a cellar entirely below ground. The three stories are crowned with a "mansarde" roof, enclosing an attic story, thus giving four complete stories within the structure, besides the cellar. The basement contains the kitchen, wash-room, laundry, dining-room for the matron, sleeping-room for servants, porter's room, besides pantry, closets, water closet, &c. In the kitchen, wash-room and laundry, the apparatus for cooking, washing and drying, are of the most modern and perfect construction throughout. The coils of pipe connected with the heating apparatus of the building are also placed in the basement story. The cellar contains the furnace and boiler, with ample room for storage, fuel, and other needful purposes.

The first or principal story contains a Trustees' room, matron's parlor, patients' dining-room, two lying-in rooms, a nurse's room, and three wards for patients, each 16 by 20 feet, intended for five beds in each ward, besides six closets, two water-closets and a bathing-room. A wide corridor passes through the centre of the width of this story, the entire length of the building, connecting with the vestibule inside the principal entrance, and with the principal staircase, which is placed at the rear end of the building, extending from this story to the attic. These stairs are square, with level landings, and a large central well-room. They are exceedingly massive, built of the finest materials and easy of ascent. The effect of this fine staircase, seen through the wide and spacious corridor, taken in connection with the liberal height of this story, is most striking. There are separate stairs for the family and servants in a side entry in the south-west corner of the building.

The second story contains a patient's dining or sitting room, lying-in room, matron's chamber, nurse's room, private room with dressing room for first class patients, three wards, each to contain five beds, bath-room, water-closets, &c. The third, or roof story, has three wards of five beds each, and four other apartments, suitable for wards or sleeping rooms, water-closet, and nine clothes closets. The peculiar form of the roof renders this story of liberal height and equally useful as either of the lower stories. Besides the apartments above-named, there are two small rooms for the storing of

bedding. The conveniences of bells, speaking tubes and enunciator, are liberally supplied in the several stories, and are all under the control of the matron and nurses.

The exterior construction of the building is of brick, the finest pressed brick being used for the facing of the walls. A sand-stone base, steps, &c., are appended to the brick work on the four sides of the building. The entrance portico is of brick, with arched openings supported by square piers on the free-stone platform and steps. The interior construction is of wood, plain in character, and of the best materials. The main partitions are of brick. Four stacks of chimneys contain the requisite fire places and flues for heating, ventilating, cooking, &c., but there is also a fifth chimney connecting directly with the heating apparatus. The wards all contain open fire places for burning wood; the remaining rooms are fitted with grates.

The heating apparatus is of the kind known as the "mild hot water apparatus," contracted for and executed by Messrs. J. J. Walworth & Co., of this city, at an expense of $3,000. It consists of seventy-five wrought iron tubes, of one inch internal diameter, and ten feet in length, connected at each end with a common receptacle. The water is admitted at one end of the apparatus, fills the tubes, and flows out at the other. The fire acts upon the exterior of the pipes. The water being heated, rises in a "flow pipe" to the "radiating" pipes, consisting of small wrought iron tubes, disposed in coils and convolutions of convenient dimensions and form, and placed in nine distinct chambers in the basement story. Here the water parts with a portion of its heat to the surrounding air, becomes more dense, and descends to the furnace through the "return pipes," to be recharged with heat. The chambers containing the radiating coils are constantly supplied with cold air from the exterior of the building, which after being heated is distributed through flues to the different apartments. A ventilating shaft or chimney seventy-five feet in height, with a sectional area of twelve feet, is constructed near the centre of the building. From every room in the building a flue of liberal dimensions is carried downwards to the cellar, where it discharges itself into the ventilating shaft. A constant current is maintained in the shaft—1st, by carrying the iron smoke-flue of the heating furnace into and up the shaft to a proper height; 2d, by carrying the flue from the kitchen range into the same shaft; and 3d, if found necessary, by maintaining a small fire *within the shaft*. It was at first proposed to ventilate the rooms both at top and bottom, but inasmuch as nearly every room in the building is provided with an open fire-place, the flues of which, being flanked on both sides by hot-air flues, are kept slightly warm, whereby a current is induced through them; and as a fire could, upon any emergency, be lighted in these fire-places for the purpose of bottom ventilation, it was not deemed necessary to provide double sets of ventilating flues for each room. The openings for the egress of foul air are therefore placed near the ceiling, and are governed like the inlet flues by adjustable registers. The aggregate area of all the ventilating flues is equal to about three times that of the main shaft, the excess being to compensate for the friction occasioned by the subdivision of the flues. It is assumed that under ordinary circumstances the effete air will travel through the main ventilating shaft at the rate of from three to six feet per second, which would give an aggregate amount of two to four thousand cubic feet of fresh air passing through the building per hour. As the heating surfaces are never raised above 212 degrees, it is believed that the air is not at all deteriorated by the process of warming. The amount of heating or

radiating surface in the building is about two thousand five hundred square feet, or about seven thousand five hundred lineal feet of pipe. The apparatus being composed entirely of iron, is very durable. It is simple and easy to manage, requiring no attention beyond keeping a fire, except occasionally, perhaps once a week, to let in a small quantity of water, which may be done in two minutes. It is believed that, in its consumption of fuel, this apparatus is more economical than any of the usual modes of warming, where *ventilation* is provided for on so liberal a scale.

This is hardly the place to speak of the advantages of such an institution to a large city, but we cannot forbear to point out to our readers, and through them to the community, that there is a large class of females in destitute circumstances, many of whom are of respectable character, some of them the victims of deceit and desertion, who are eminently entitled to our sympathy and aid, and who would gladly avail themselves of the shelter of a lying-in hospital to undergo the hard trial imposed by Providence on the most tender portion of humanity. To enable them to do so, more funds are needed for the support of free beds, the necessary outlay required for the building leaving but a small amount for this purpose. Any person who contributes the sum of three hundred dollars, has the privilege of a free bed once in a year, and those subscribing one hundred dollars are entitled to a free bed for one year from the time of its payment. We trust that the liberality so freely bestowed on other charities may not be withheld from this hospital, and that generous endowments will enable the Trustees to extend its benefits to those for whom they were designed, and who most stand in need of them.

The hospital will accommodate between sixty and seventy patients. The attending physicians are Horace Dupee, M.D., William Read, M.D., and H. R. Storer, M.D. The consulting physicians are James Jackson, M.D., Walter Channing, M.D., Jacob Bigelow, M.D., Charles G. Putnam, M.D., and D. Humphreys Storer, M.D.

FEES FOR SERVICES TO LIFE INSURANCE OFFICES.

It is a little remarkable that the profession in Boston has so long submitted to imposition on the part of Life Insurance Companies. In London, chiefly by the exertion of a few public-spirited individuals, most of these corporations have been compelled to pay over to medical men whose opinions they consult, the fees so justly their due; but here, not only is the fee, when paid at all, ridiculously small, but some offices refuse to pay any thing, leaving the physician to get it out of the applicant, if he can. The amount insured in some instances is several thousand dollars. To protect themselves from loss, a list of queries is presented by the companies to the physician, frequently ending with the modest request—"Do you advise us to take the risk?" And for the important information obtained, how much do they offer to pay? *One* or *two dollars* in some cases—in others, *nothing!* We should like to see an Insurance Company tender such a fee to a lawyer for an equivalent opinion. *Five dollars* is the lowest fee which any respectable physician ought to take for the examination of an applicant for insurance.

But we are told, the medical opinion is for the benefit of the insured. Then why does the office demand it? We never knew the applicant to desire such an investigation, though he may be compelled to submit to it, in order to obtain his policy. The reverse is plainly the case. The opinion of a medical man is always of vital importance to a Life Insurance

Company. Without it, they would soon be compelled to shut up their offices. If they choose to have the opinion, they ought to pay for it, and to pay liberally. The higher the fee, the more sure they will be of getting good advice; for though we are always ready to serve the poor to the best of our ability without remuneration, yet the maxim that "an opinion without a fee is good for nothing," ought to hold good towards the rich.

The remedy is simple, and in our own hands, if the profession will unite to protect themselves against a great imposition. Let every physician refuse to give an opinion as to the value of a life, unless he receive a fair remuneration for the same; and let him insist on receiving the fee from the office who asks the opinion. In other words, let him demand from corporations the same equivalent for his services that he does from individuals.

PROF. SIMPSON'S OBSTETRIC MEMOIRS AND CONTRIBUTIONS.

Our readers have had several specimens of the contents of the first volume of Dr. Simpson's work, edited by Drs. Priestley and Storer, and other extracts will be given, of such articles as have not yet been published, or of those which have been wholly re-written.

Dr. H. R. Storer has left for our inspection the first volume of the Edinburgh edition, just received by him; it is a very elegant book of 857 pages —the paper, typography and illustrations being of the highest class. It is published by the well-known firm of Adam and Charles Black, North Bridge, Edinburgh, and does them great credit.

Messrs. Lippincott, Grambo & Co., of Philadelphia, are already engaged in bringing out the promised American edition, and we feel confident that it will be done in a satisfactory manner. We look for a near approach, at least, to the beauty and durability which characterize the British copy.

We have already referred to the great care and industry bestowed by the editors, Drs. Priestley and Storer, upon this valuable work. To unremitting labor they have evidently added that strong interest in their undertaking which has omitted nothing of value, and which has often induced them to make a digest of papers previously reported to Societies, &c.; much of this work having been done, of necessity, at late hours of the night, and through many months. We think that the profession, everywhere, owe to these gentlemen a large debt of obligation, and we are sure they will acknowledge this, on the appearance of the book.

The contents of the present volume are various, and are arranged under the following heads, viz.:—

Part I.—Special Pathology of the Unimpregnated Female.
II.—Physiology and Pathology of Pregnancy.
III.—Natural and Morbid Parturition.

The second volume is shortly expected from Europe; certain of its proof-sheets are now in our hands, from which, as we have said, we shall make extracts until the appearance of the Philadelphia edition.

Saccharine Carbonate of Iron and Manganese.—The following is the formula for this preparation, alluded to in No. 17 of this Journal (page 361), as originally proposed by Dr. S. T. Speer, of Edinburgh. (See London Medical Times and Gazette, for Dec. 10th, 1853.) Take of finely powdered sulphate of iron, *three ounces and one drachm;* carbonate of soda, *five ounces;* sulphate of manganese, *one ounce and one scruple;* white sugar, *two and one half ounces.* Dissolve each of the three first mentioned ingredients in a pint and a half of water, add the solutions and mix them well. Col-

lect the precipitate on a cloth, filter, and immediately wash it with cold water. Squeeze out as much of the water as possible, triturate the pulp with the sugar, previously reduced to a fine powder. Dry it at a temperature of about 120 deg. Fahrenheit.

The dose is from five to twenty grains, thrice daily, with the meals, or at least immediately after. It is prepared in Boston, by Mr. Woods, 51 Tremont street.

MASSACHUSETTS GENERAL HOSPITAL.

Operations performed during the fortnight ending June 23.

By Dr. WARREN: Removal of scrofulous testis; removal of mammary tumor; removal of ear-ring tumors.

By Dr. CABOT: Operation for club-feet; for compound fracture of skull; for ascites; for vesico-vaginal fistula; for hare-lip; removal of tumor from side of neck.

By Dr. CLARK: Operation for hare-lip, and for cancer of the lip.

Meeting of the Massachusetts Medical Society.—We have made arrangements for a full report, in our next number, of the proceedings at the meeting which took place yesterday. Owing to an oversight, we published an incorrect statement that the members from Boston would be carried over the Western Railroad and back for a single fare. This was in consequence of an announcement made to us that such an arrangement could probably be effected, and we regret that in the hurry of going to press we inadvertently omitted to cancel the statement.

Medical Miscellany.—The Governor and Council of Massachusetts have appointed Dr. Charles H. Stedman, of Boston, Hon. Henry W. Benchley, of Worcester, and Samuel S. Standley, Esq., of Melrose, Commissioners to locate and erect, in Western Massachusetts, a Lunatic Hospital.—In this city, a few days since, a child accidentally swallowed a portion of a mixture consisting of mercury dissolved in nitric acid. A coroner's inquest was held on the case. The jury found that no label was placed upon the bottle from which the child drank, to designate the dangerous nature of its contents. It had been set on a table for a few moments while clearing out a closet.

NOTICES.

Books and Pamphlets.—The Bane and Antidote. A Surgical Adjuvant, &c. By Frank B. Palmer.

In our last number, page 398, line 32, for "alkaloid" read "alcohol."

MARRIED—In Dedham, 21st inst., D. W. Hartshorn, M.D., of West Roxbury, to Sarah A. Perkins, of Dedham.—In this city, 20th inst., Dr. David H. Jacobs to Mrs. Caroline Leonard.

DIED,—In Cambridge, 16th inst., Dr Charles H. Peirce, aged 41 years, formerly of Salem.—In Athol, 22d inst., Dr. William H. Williams, aged 63.—In Brattleboro', Vt., 6th inst., Dr. James G. Murphy, 31, formerly of Ludlow, Mass.

Deaths in Boston for the week ending Saturday noon, June 23d, 69. Males. 39—females, 30. Accident, 2—inflammation of the bowels, 2—inflammation of the brain, 1—consumption, 12—cholera morbus, 1—croup, 3—dysentery, 1—dropsy, 2—dropsy in the head, 3—infantile diseases, 4—dyspepsia, 1—erysipelas, 1—typhoid fever. 2—scarlet fever, 2—disease of the kidneys, 1—hooping cough, 1—disease of the heart, 2—intemperance, 2—inflammation of lungs, 6—disease of the liver, 2—marasmus, 2—old age, 2—poisoned (accidental), by nit. acid and quicksilver, 1—scrofula, 1—smallpox, 10—teething, 1—tumor, 1.

Under 5 years, 31—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 50—Ireland, 13—Scotland, 2—British Provinces, 2—Germany, 2.

A Novel Medical Firm.—In one of the leading thoroughfares of Paris, the following inscription, on an attractive sign-board, arrests the attention of the passers by:—"Consultations gratis: from 8 A.M. till noon, treatment conducted on the principles of ancient medicine; from noon till 4 P.M., on those of homœopathy; and from 4 P.M. till 8 P.M., on the method of M. Raspail." What follows, fully explains the charitable nature of the consultations:—"There is a pharmacy on the premises."—*Edinburgh Monthly Journal of Medicine*, May, 1855.

[This is no more absurd than the question often addressed by homœopathists to those who employ them:—How will you be treated,—by the usual or old method, or homœopathically? In addition to the stultifying nature of the query which virtually makes the practitioner what to be sure he usually is, a nullity, the *dishonesty* of the procedure is manifest; for surely *one* of the systems must be false, they being antipodal to each other—but such a practitioner leaves his patient the choice!—EDITORS.]

Bad Chirography of a Medical Prescription.—The following rather severe hit at the illegible scrawls which characterize some of the prescriptions placed in the hands of the apothecary, may be read with benefit by many physicians whose patients have not the safeguard of being always directed to purchase the same remedy. It is from the New York Daily Times.

"We saw a doctor's prescription yesterday, so miserably written, so abominably penned, that it seemed impossible to spell out a single word of it. It might have been a receipt in full for a stumping big bill, an order to give the bearer a merciless thrashing, or the equivalent for a dose of salts, for anything that a common reader could have made of it. The druggist, however, to whom it was carried, said it was all right. We asked what it spelled? He said he did n't know, but that always when he saw that scrawl at the bottom, he knew it came from Dr. ———, who never prescribed anything but calomel and jalap—ten and ten. It was all right, he was sure."

Absence of Pericardium.—A specimen was exhibited to the Pathological Society of London, by Dr. Bristowe, "in which the heart and left lung were enclosed in one serous cavity. On the right side of the heart was a diverticulum, which appeared to be a rudimentary pericardium. It was continued in front and behind some way over the vessels at the base of the heart. The patient had died of mitral valvular disease, with congestion and œdema of the lungs, and jaundice."—*Association Medical Journal, January*, 1855.

Extroversion of Bladder.—By JOHN SIMON, Esq.—Mr. Simon briefly related the history of a case of extroversion of the bladder in a boy twelve years old, who came under his care four years ago. He (Mr. Simon) finding that the ureters passed closely in front of the rectum, imagined that a communication might be established between them and the intestine. With this view he carried a needle of peculiar construction through each ureter into the rectum, and another below, so as to include a loop of rectum and ureter, which ulcerated away, and allowed urine to pass. He found it impossible, however, to close the anterior openings; perhaps because he had not tried the most judicious method, having pared the edges and brought them together with needles. The boy lived twelve months, during which time most of the urine passed anteriorly. Before death, he complained of pain in the ureters, and of feverish symptoms, and sank. The ureters were found full of mixed calculi.—*Association Medical Journal*, 1855.

Diseased Spleen from Obstruction of Splenic Artery.—By S. O. HABERSHON, M.D. A man was admitted into hospital with a large sloughing mass at the lower part of the neck, five or six inches in extent. Some loose portions came away, and others were removed: from this hæmorrhage resulted, and he died exhausted. A mass of albumino-fibrinous matter was found deposited on the aortic valves. The greater part of the spleen was yellow and diffluent; and the splenic artery was found blocked up with a fibrinous mass, which extended into the vessels of the organ. The thyroid body appeared infiltrated with nuclear deposits.

Mr. Simon would regard the blocking up of the splenic artery as a *third* effect, the vessel being rigid from atheroma or some similar cause.—*Association Medical Journal.*